

# CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

\* May be used for additional claims or amendments

CLAIMS	<del>ORIGINAL</del>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	14					
Total Claims	16					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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54						
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95						
96						
97						
98						
99						
100						
Total Indep	1					
Total Depend	4					
Total Claims	5					